

Case Number:	CM14-0136114		
Date Assigned:	10/08/2014	Date of Injury:	11/18/2011
Decision Date:	11/07/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 63 year female injured in a work related accident on 11/18/11. The medical records provided for review-documented complaints of pain and discomfort in the right upper extremity. The progress report dated 07/22/14 described multiple pain complaints and symptoms consistent with carpal tunnel syndrome and de Quervain's tenosynovitis. The report documented that the complaints of pain were worsening particularly with activity; no physical examination findings were documented in the report. The recommendation was made for both de Quervain's release and a carpal tunnel release procedure. The progress report dated 06/09/14 documented physical examination findings of tenderness over the hand and wrist, positive Tinel's and Phalen's testing, no evidence of thenar atrophy and a positive Finkelstein's test. The electrodiagnostic study report dated 02/10/14 revealed moderate right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right DeQuervain's Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome; Forearm, Wrist, and Hand, DeQuervain's Tenosynovitis Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Based on California ACOEM Guidelines, the request for de Quervain's release would not be indicated. The documentation indicates that the claimant has signs and symptoms consistent with first dorsal extensor compartment, tenosynovitis, but there is no documentation of prior conservative treatment consisting of injection therapy, focused on the diagnosis to support the role of operative intervention. Without documentation of operative intervention, the request in this case would not be necessary.

Right Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome; Forearm, Wrist, and Hand, DeQuervain's Tenosynovitis Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270.

Decision rationale: California MTUS Guidelines would support the role of Right Carpal Tunnel Release. The medical records confirm the claimant has positive physical examination findings and positive evidence of compressive pathology on electrodiagnostic testing indicative of carpal tunnel syndrome. The role of operative intervention in this case would be supported.

Post-Operative Physical Therapy 12 Sessions for the Right Hand and Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post-Surgical Rehabilitative Guidelines would not support twelve sessions of physical therapy. While operative procedure in the form of carpal tunnel release has been supported, the Postsurgical Guidelines recommend up to eight sessions of physical therapy following operative procedure. The requested twelve sessions would exceed the Postsurgical Guidelines and would not be indicated as medically necessary.